

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
0							60						
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
0							70						
1							71						
2							72						
3							73						
4							74						
5							75						
6							76						
7							77						
8							78						
9							79						
0							80						
1							81						
2							82						
3							83						
4							84						
5							85						
6							86						
7							87						
8							88						
9							89						
0							90						
1							91						
2							92						
3							93						
4							94						
5							95						
6							96						
7							97						
8							98						
9							99						
0							100						
AL							TOTAL IND.						
AL							TOTAL DEP.						
AL							TOTAL CLAIMS						